

Development Services Department <u>permits@wallawallawa.gov</u> (509) 524-4710

TEMPORARY SPECIAL EVENT PERMIT APPLICATION

Permit fee of \$65 is due upon submittal

Event Name:			
Event Site Address:			
Applicant Name:			
Phone: E-mail address:			
Mailing Address:			
Property Owner:			
Phone: E-mail address:			
Event date(s):	Estimated number of attendees*:		
Set up date/time:	Take down date/time		
Required Documents: Additional Information:			
 Dimensioned or Scaled Site & Floor Plan Structure location(s) on property Locations of fire extinguishers Seating plan/floor plan Emergency travel paths from inside buildings to outside public way Cooking locations Emergency lighting & exit signs Parking plan 	Temporary Power	Yes	No
	Temporary heat	Yes	No
	Tent(s)	Yes	No
	Portable restroom	Yes	No
	Sprinkler system	Yes	No
	Fire alarm system	Yes	No
Location(s) of portable restrooms * Include employees/serving staff			
Pre-Event inspection scheduled by calling (509) statement inspections outside of regular business hours are I certify, by checking this box and printing my nan true and accurate. Determination of information to I understand that this application is not deemed fi	e subject to additional inspection ne below, that the information subm o be in error could result in revocati	<u>n fees (mir</u> nitted in this	n. \$130) wwwc 15.04.050 application packet is
	Date	e:	
Printed Name of Property Owner,	Owner's Authorized Agent,	OR	Contractor